



BOARD OF PSYCHOLOGY

1422 Howe Avenue, Suite 22 • Sacramento, CA 95825-3200
(916) 263-2699 • www.dca.ca.gov/psych



APPLICATION FOR REGISTRATION AS A PSYCHOLOGIST

Instructions

PART A

General Instructions and Information

- 1. COMPLETE ALL SECTIONS OF THE APPLICATION.** Failure to do so will delay approval. Please type or print legibly (except for signature).

- 2. HOW TO CONTACT THE BOARD:**

If you need additional information after carefully reading all of these instructions, please call your licensing analyst.

Last name A–G Richard Hodgkin, assigned analyst
Telephone: (916) 263-2699, ext. 3304
Email: richard_hodgkin@dca.ca.gov

Last name H–M Annette Brown, assigned analyst
Telephone: (916) 263-2699, ext. 3305
Email: annette_brown@dca.ca.gov

Last name N–V Lani Snyder, assigned analyst
Telephone: (916) 263-2699, ext. 3303
Email: lavinia_snyder@dca.ca.gov

Last name W–Z Karen Johnson, assigned analyst
Telephone: (916) 263-2694
Email: karen_johnson@dca.ca.gov

The Board encourages applicants to communicate with staff via email. It is much more efficient than telephone contact and provides applicants with a written record of the information provided.

- 3. LAWS AND REGULATIONS:** A booklet containing relevant sections of the Business and Professions Code and the California Code of Regulations can be purchased by completing and returning Attachment B along with a check or money order in the amount of \$4.00 to the Board of Psychology, 1422 Howe Ave., Suite 22, Sacramento, CA 95825-3200. Please review this booklet carefully prior to completing and submitting your application. The Board's laws and

regulations are also available as a link through the Board's website at www.dca.ca.gov/psych.

- 4. WHEN TO APPLY:** An application for registration may be filed at any time after the awarding or met requirements date of the doctorate and completion of the 1,500 hours of experience.
- 5. TRANSCRIPTS:** Official transcripts from all educational institutions where you completed relevant graduate work must be sent directly by the institution to the Board of Psychology, 1422 Howe Avenue, Suite 22, Sacramento, CA 95825-3200. If the graduate transcripts do not indicate the date your undergraduate degree was awarded, an official undergraduate transcript is also required. If you have previously submitted your graduate transcripts (master's and doctorate) with a previous application, you are not required to submit another set of official transcripts for purposes of this application for registration as a psychologist. If the date you wish to begin accruing post-doctoral supervised experience is prior to the ceremonial awarding of your doctorate degree, the met requirements date must be listed on the transcript or on a separate document signed by the registrar, director of training or the dean of the academic institution.
- 6. FEES:** The completed application must be accompanied by the current fingerprint card processing fee unless you already have fingerprint cards on file with the Board. PLEASE REFER TO ATTACHMENT E FOR THE CURRENT FINGERPRINT CARD PROCESSING FEE. There is no application processing fee for this application.
- 7. FINGERPRINT CARDS:** Enclosed are two fingerprint cards which must be completed and submitted with the application, unless previously submitted to the Board in conjunction with another

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Application for **REGISTRATION AS A PSYCHOLOGIST**

Instructions continued

application. Fingerprint cards are forwarded to the Federal Bureau of Investigation (FBI) and the California Department of Justice (DOJ) to determine if an applicant has been convicted of a crime substantially related to the qualifications, functions, or duties of a psychologist. Pursuant to Section 11105(e) of the Penal Code, the Board has the authority to impose a fee sufficient to recover the expense of obtaining this information. Refer to Attachment A for the current fees.

All fingerprints must be submitted on fingerprint cards supplied by the Board. **Cards must not be folded.** Use a 9" x 12" envelope to return your application and fingerprint cards. If the cards are folded, your application will be returned to you without processing. Applicants must have fingerprints affixed to both of the enclosed cards in **black ink only**. If the prints you submit are smudged, illegible, or incomplete, DOJ will reject them, and you will be required to submit new prints. It is suggested, therefore, that fingerprints be taken at a local law enforcement agency. We are advised, however, that you should write or call first to schedule a convenient time. The cards must be completed in detail, including complete physical description, age, date of birth, etc. Complete both sides of each card. On the back of the cards, complete the personal information, as well as the title of the license for which you are applying.

8. VERIFICATION OF EXPERIENCE FORMS:

Two verification of experience forms are included (see Attachment A). You may make additional copies, if necessary. These forms are to be completed by every supervisor verifying a portion of the required 1,500 hours of experience. Be sure to type or clearly print both your supervisor's name and address and your name and address in the spaces indicated. Send these forms directly to your supervisors. It is suggested that you send each supervisor a cover letter

reminding him/her of the approximate dates, hours, and location of your work together and emphasize the deadline (see enclosure). When the form is completed, the supervisor is to send it **directly** to the Board of Psychology, 1422 Howe Avenue, Suite 22, Sacramento, CA 95825-3200. NOTE: Only the primary supervisor in each setting has to complete this form.

9. STARTING DATE FOR POST-DOCTORAL EXPERIENCE:

Post-doctoral supervised professional experience may commence any time after the doctorate degree is awarded. However, applicants who met **ALL** requirements for their doctorate degree prior to the degree's ceremonial awarding may commence their post-doctoral experience anytime after the "met requirements" date. For those who started their experience early, if a "met requirements" date is clearly noted on your transcript, no further documentation is required. If this date is not on your transcript, however, it will be necessary to have the registrar or the director of training at your educational institution verify this date in a separate document. NOTE: The Board will accept only the date on which **ALL** requirements were met. This means that both substantive **and** administrative requirements for your doctorate degree must be met prior to accruing post-doctoral experience.

10. WHAT TO EXPECT:

The Board will send you a postcard to confirm receipt of your application. Within approximately two weeks of receipt, you will be notified if needed documentation is missing. **Board staff cannot acknowledge receipt of individual items. If you wish to receive confirmation of receipt, send the documents *Certified Mail, Return Receipt Requested*.**

Continued on next page

Instructions continued

PART B

*Instructions for Applicants with
Equivalent Degrees*

These instructions are **ONLY** for those applicants with doctorate degrees that are **NOT** awarded in (a) psychology, (b) educational psychology, (c) education with a field of specialization in educational psychology or counseling psychology, or (d) programs accredited by the American Psychological Association.

1. **REQUIREMENTS:** Carefully review Section 1386 of the California Code of Regulations for details of the requirements for an equivalent degree.
2. **DISSERTATION:** Four (4) copies of your dissertation must be submitted for evaluation.
3. **COURSE DESCRIPTIONS/SYLLABI:** Official course descriptions and syllabi must be submitted for each graduate-level course for which equivalency is claimed. If course descriptions and syllabi are submitted separately from your application, be sure that they are accompanied by a cover document that makes reference to your name. Courses designated as Psychology or Educational Psychology will automatically be accepted. You also must complete and submit the Equivalent Degree Education form. Please contact the Board to request this form.
4. **CAUTION:** Equivalent degrees require review by the Board's Credentials Committee. In the case of an adverse decision, final review will be made by the full Board. This may result in significant delays in processing. It is, therefore, strongly suggested that an individual making application based on an equivalent degree apply soon after the doctorate is awarded, or significantly before they wish to sit for the licensing examinations.

PART C

*Instructions for Applicants with
Foreign Degrees*

These instructions are **ONLY** for those applicants with doctorate degrees that were awarded by foreign educational institutions.

1. **REQUIREMENTS:** Carefully review Section 1385 of the California Code of Regulations, which sets forth the documents required from applicants who are graduates of foreign educational institutions.
2. **EVIDENCE THAT YOUR DEGREE MEETS REQUIREMENTS OF SECTION 2914 OF THE BUSINESS AND PROFESSIONS CODE:** All applicants who received their doctorates from a foreign educational institution must submit evidence that their degrees meets the requirements of Section 2914 of the Business and Professions Code. This may be accomplished by using an evaluation service. Evidence from a credible evaluation service will be reviewed by the Board in order to determine the acceptability of a foreign degree. **EXCEPTION: See the instruction entitled CANADIAN DEGREES below.**
3. **CANADIAN DEGREES:** Applicants who receive their doctorate degrees from accredited Canadian schools need only submit their transcripts, provided that the transcripts are in English.
4. **CAUTION:** Foreign degrees require complicated documentation and review by the Board's Credentials Committee. In the case of an adverse decision, final review will be made by the full Board. This may result in significant delays in processing. It is therefore suggested that individuals making application based on a foreign degree may wish to apply soon after their doctorate is awarded.

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FOR OFFICIAL USE ONLY

ATS ID:

Receipt No.:

Amount:

***THIS COVER SHEET MUST
BE RETURNED WITH YOUR
APPLICATION.***

DATE STAMP

Cover Sheet

Application for Registration as a Psychologist

NAME (This name will be your official name on the Board of Psychology records. Print your name in the boxes below, omitting any punctuation and spaces. You are limited to the number of boxes indicated.)

[illegible]

Last name

[illegible]

First name

--	--	--

M.I. Suffix (Jr., Sr., I, II)

SOCIAL SECURITY NUMBER*

--	--	--	--

DATE OF BIRTH

** Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (C) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity that utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.*



SECTION I. (Applicant Personal Data)

CURRENT NAME - Print your name in the boxes below.

[illegible]

ALIASES - List below all other names by which you have been known. (If more than two, use an additional sheet of paper.)

2.					
3.					
	<i>Last Name</i>	<i>First Name</i>		<i>M.I.</i>	<i>Jr., Sr., I, II</i>

RESIDENCE[illegible]

8. ☐ ☐ Are you now, or have you ever been, registered as a psychological assistant in California?
Yes No
If yes, give name(s) of supervisor(s) and dates of registration below.

9. ☐ ☐ Are you now, or have you ever been, a registered psychologist in California?
Yes No
If yes, list the employing agencies and dates of registration below.

10. ☐ ☐ Have you ever submitted an application for licensure as a psychologist in California?
Yes No
If yes, list the date of the application and action taken by the Board below _____.

** Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (C) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity that utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.*

Application for REGISTRATION AS A PSYCHOLOGIST

SECTION II. APPLICATION BASIS *(Check one response only)*

- ☐ A doctorate degree in psychology, education psychology, or in education with a field of specialization in counseling psychology or educational psychology from an accredited or approved educational institution.
- ☐ A doctoral degree from an accredited or approved educational institution that is equivalent to a degree in psychology. (See "Instructions" page iii.)
- ☐ A doctoral degree that has been granted by a foreign university, college, or professional school. (See "Instructions" page iii.)

SECTION III. EDUCATIONAL DATA

MASTER'S LEVEL

Institution/Location _____

Dates Attended _____

Major Field _____

Degree Awarded _____ Date Awarded/Met Requirements _____

DOCTORATE LEVEL

Institution/Location _____

Dates Attended _____

Major Field _____

Degree Awarded _____ Date Awarded/Met Requirements _____

Continue on separate sheet of paper, if necessary.

SECTION IV. EMPLOYING AGENCY

NAME OF AGENCY

1.

AGENCY ADDRESS (This address will be used as the address of record for this registration.)

2.

Street Address

3.

 -

 -

City

State

Zip

AGENCY TELEPHONE NUMBERS

4.

 -

 -

 -

 -

Telephone

Fax

AGENCY EMAIL ADDRESS

5.

NAME OF DIRECTOR OR CHIEF OFFICER OF AGENCY

6.

Last Name

First Name

M.I. Jr., Sr., I, II

7.

Title

FUNDING OF AGENCY

8. List all sources of financial support to the agency named above and percentage of total support. Section 2909(d) of the Business and Professions Code requires that a non-profit community agency receive a minimum of 25% of its financial support from any federal, state, county or municipal government organization for the purpose of training and providing services. Medi-Cal/Medicare funds cannot be considered as part of the required 25% government finance.

Name of Source	Percentage

Declaration — I, the undersigned, declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Signature of Agency representative, title

Date

SECTION V. SUPERVISED PROFESSIONAL EXPERIENCE

List below the names of **every** supervisor who is being asked to verify a portion of the required 1,500 hours of supervised professional experience:

_____	_____
_____	_____
_____	_____

SECTION VI. FITNESS FOR PRACTICE

YES	NO	
		1. Are you currently affected by any physical or mental condition that in any way impairs or limits your ability to practice psychology with safety to the public? <i>If yes, explain on a separate sheet of paper.</i>
		2. Do you use any chemical substance(s) that in any way impairs your ability to practice psychology with safety to the public? <i>If yes, explain on a separate sheet of paper.</i>
		3. Are you currently engaged in the illegal use of controlled dangerous substances, or were you so engaged recently enough so that the use of drugs may have an ongoing impact on your ability to function as a psychologist, or within the past two years? <i>If yes, explain on a separate sheet of paper.</i>

SECTION VII. CRIMINAL/DISCIPLINARY HISTORY

YES	NO	
		1. Omitting minor traffic violations, have you ever been convicted of, or pled guilty or nolo contendere to any violation of any federal or state statute, city or county ordinance, or law of a foreign country? This includes all misdemeanor and felony convictions. (Any conviction that was subsequently dismissed must also be disclosed.) <i>If yes, complete the statement form, Attachment C.</i>
		2. Have you ever been denied a license, registration, certificate or credential to practice psychology or any other profession or occupation in any state or country? <i>If yes, explain on a separate sheet of paper.</i>
		3. Have you had a license, registration, certificate or credential to practice psychology or any other profession or occupation subjected to discipline by any state or country? <i>If yes, explain on a separate sheet of paper.</i>
		4. Have you ever voluntarily surrendered a license, registration, or credential to practice psychology or any other profession or occupation in any state or country? <i>If yes, explain on a separate sheet of paper.</i>
		5. Have you ever been subject to review and/or action by the ethics committee of any professional organization of any state or country? <i>If yes, explain on a separate sheet of paper.</i>

SECTION VIII. DECLARATION

I, the undersigned, declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

_____	_____
Signature of Applicant	Date



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ATTACHMENT TO APPLICATION FOR REGISTRATION AS A PSYCHOLOGIST **Attachment A • Verification of Experience Form**

(To be completed by Supervisor) PLEASE PRINT OR TYPE

SUPERVISOR	Name						
	Address						
	City/State/ZIP						
	Telephone Number						
	Degree:		Field:		License No:		Issue Date:

SUPERVISEE	Name					
	Address					
	City/State/ZIP					
	Telephone Number					
	Title Held By Supervisee:					

LOCATION(S)	<i>List place(s) where the supervisee engaged in professional experience under your supervision. If the place the actual supervision took place is different, please so indicate and clarify below.</i>								
				1			2		
	Location								
	Address								
	City/State								
Notes									

DUTIES	<i>Describe below, in detail, the training program and/or psychological duties of the supervisee.</i>	

HOURS WORKED	DATES		Total Number of Weeks Worked	Number of Hours Worked per Week	Total Number of Hours Worked During Entire Period Verified
	FROM Month/Day/Year	TO Month/Day/Year			

SUPERVISION	TYPE OF SUPERVISION	HOURS PER WEEK OF SUPERVISION	SUPERVISOR(S), including person completing this form. For each additional supervisor listed, indicate type of license held and issue date.
	Individual		
	Group		
	Other (Specify)		
Total Per Week			

Attachment A • Verification of Experience Form

(Continued from other side)

PLEASE ANSWER THE FOLLOWING QUESTIONS:

	YES	NO
Were you engaged in rendering professional services at least 50% of the time in the same work setting where the person supervised was obtaining supervised professional experience?		
Were you paid by the supervisee to supervise him or her?		
Was your license to practice psychology or any other profession subject to discipline by any state or country during the period of supervision? If yes, explain on a separate sheet of paper.		
Was your license on probationary status during the period of supervision? If yes, explain on a separate sheet of paper.		
Was the supervisee a psychotherapy client of yours prior to or during the period of supervision?		
Prior to or during the period of supervision, did you have an interpersonal or familial relationship with the supervisee?		
Was your license in a delinquent status, invalid for renewal or inactive at any time during the period of supervision? If so, list the dates on a separate sheet of paper.		
Was the supervisee functioning under a waiver issued by the State of California Department of Mental Health pursuant to Welfare & Institutions Code Section 5751.2 during the period of supervision?		
Was the supervisee functioning in this same work setting under any other license or any other professional capacity with the same client during the period of supervision?		

To be answered by Board-Certified Psychiatrists ONLY.

Were you certified by the American Board of Psychiatry and Neurology as a psychiatrist for at least three years during the period of supervision?

What was the supervisee's professional identity during the period of supervision? (check one)

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Psychological Assistant | <input type="checkbox"/> Registered Psychologist |
| <input type="checkbox"/> Trainee | <input type="checkbox"/> Psychological Intern | <input type="checkbox"/> Other (please list) _____ |

I would rate the supervisee's performance under my supervision during the period of supervision as: (check one)

<input type="checkbox"/> Satisfactory
<input type="checkbox"/> Unsatisfactory

REMARKS: *The Board will appreciate any amplifying information regarding the above evaluation.*

I have examined this supervisee's academic and training records, and I have determined that the supervised experience I am verifying is in the same field of psychology as is this supervisee's education and training. I determine this training to be in the _____ field of psychology. I have also determined that my own training and experience qualifies me to supervise in this area of psychology.

I declare under penalty of perjury under the laws of the State of California that all of the foregoing is true and correct.

County, State _____

Professional Status _____ Signature _____ Date _____



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ATTACHMENT TO APPLICATION FOR REGISTRATION AS A PSYCHOLOGIST *Attachment A • Verification of Experience Form*

(To be completed by Supervisor) PLEASE PRINT OR TYPE

SUPERVISOR	Name						
	Address						
	City/State/ZIP						
	Telephone Number						
	Degree:		Field:		License No:		Issue Date:

SUPERVISEE	Name					
	Address					
	City/State/ZIP					
	Telephone Number					
	Title Held By Supervisee:					

LOCATION(S)	<i>List place(s) where the supervisee engaged in professional experience under your supervision. If the place the actual supervision took place is different, please so indicate and clarify below.</i>					
	1			2		
	Location					
	Address					
	City/State					
Notes						

DUTIES	<i>Describe below, in detail, the training program and/or psychological duties of the supervisee.</i>					

HOURS WORKED	DATES		Total Number of Weeks Worked	Number of Hours Worked per Week	Total Number of Hours Worked During Entire Period Verified
	FROM Month/Day/Year	TO Month/Day/Year			

SUPERVISION	TYPE OF SUPERVISION	HOURS PER WEEK OF SUPERVISION	SUPERVISOR(S), including person completing this form. For each additional supervisor listed, indicate type of license held and issue date.
	Individual		
	Group		
	Other (Specify)		
Total Per Week			

Attachment A • Verification of Experience Form

(Continued from other side)

PLEASE ANSWER THE FOLLOWING QUESTIONS:

	YES	NO
Were you engaged in rendering professional services at least 50% of the time in the same work setting where the person supervised was obtaining supervised professional experience?		
Were you paid by the supervisee to supervise him or her?		
Was your license to practice psychology or any other profession subject to discipline by any state or country during the period of supervision? If yes, explain on a separate sheet of paper.		
Was your license on probationary status during the period of supervision? If yes, explain on a separate sheet of paper.		
Was the supervisee a psychotherapy client of yours prior to or during the period of supervision?		
Prior to or during the period of supervision, did you have an interpersonal or familial relationship with the supervisee?		
Was your license in a delinquent status, invalid for renewal or inactive at any time during the period of supervision? If so, list the dates on a separate sheet of paper.		
Was the supervisee functioning under a waiver issued by the State of California Department of Mental Health pursuant to Welfare & Institutions Code Section 5751.2 during the period of supervision?		
Was the supervisee functioning in this same work setting under any other license or any other professional capacity with the same client during the period of supervision?		

To be answered by Board-Certified Psychiatrists ONLY.

Were you certified by the American Board of Psychiatry and Neurology as a psychiatrist for at least three years during the period of supervision?

What was the supervisee's professional identity during the period of supervision? (check one)

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Psychological Assistant | <input type="checkbox"/> Registered Psychologist |
| <input type="checkbox"/> Trainee | <input type="checkbox"/> Psychological Intern | <input type="checkbox"/> Other (please list) _____ |

I would rate the supervisee's performance under my supervision during the period of supervision as: (check one)

<input type="checkbox"/> Satisfactory
<input type="checkbox"/> Unsatisfactory

REMARKS: *The Board will appreciate any amplifying information regarding the above evaluation.*

I have examined this supervisee's academic and training records, and I have determined that the supervised experience I am verifying is in the same field of psychology as is this supervisee's education and training. I determine this training to be in the _____ field of psychology. I have also determined that my own training and experience qualifies me to supervise in this area of psychology.

I declare under penalty of perjury under the laws of the State of California that all of the foregoing is true and correct.

County, State _____

Professional Status _____ Signature _____ Date _____

**BOARD OF PSYCHOLOGY**

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Attachment to Application For
REGISTRATION AS A PSYCHOLOGIST
Attachment B • Request for Laws and Regulations

If you would like to receive a copy of the Laws and Regulations relating to the practice of psychology, please return this form along with a check or money order in the amount of \$6.00 made payable to:

BOARD OF PSYCHOLOGY**1422 Howe Avenue, Suite 22****Sacramento, CA 95825-3200**

Additionally, you may link to the Business & Professions Code (Section 2900–2999) and the California Code of Regulations (1380–1399) at the Board of Psychology’s website at www.dca.ca.gov/psych.

(Please type or print legibly)

Name

Street Address

City

State/Zip

Date of Request



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Attachment to Application For REGISTRATION AS A PSYCHOLOGIST

Attachment C • Statement Form

To be completed only if you checked "Yes" in Section VII, Question 1 of the application regarding criminal history.

IF APPLICABLE, FILL OUT THE REVERSE SIDE OF THIS PAGE.

The following documentation will be required before your file can be reviewed:

CONVICTION OF A CRIME

- Certified copies of court documents stating conviction(s) and order of the judge.
- Certified copies of court documents verifying fines/restitution have been paid.
- Letter from probation officer verifying successful completion of probation.
- Printout of Department of Motor Vehicles record.

Note: *If any of these documents have been purged, a statement verifying that fact must be received, on courthouse letterhead, from the courthouse where the incident(s) took place.*

SUBSTANCE ABUSE PROGRAM

- Certified copies of certificate(s) of completion from each program attended.
- Letter from program counselor(s), on letterhead, verifying successful completion, indicating the type of treatment received, the duration, and the status of your rehabilitation at the time of completion.

Note: *If any of these documents have been purged, a statement verifying that fact must be received from the program on program letterhead.*

If you are reporting more than one conviction, duplicate the other side of this form and fill out and submit the completed copies to the Board of Psychology.

Attachment C • Statement Form

(Continued from other side)

To be completed only if you checked "Yes" in Section VII, Question 1 of the application regarding criminal history.

(Please type or print legibly)

NAME OF APPLICANT

1.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--

--	--

Last Name First Name M.I. Jr., Sr., I, II

Complete a separate form for each conviction

2. _____
Conviction Date of Offense
3. _____
Location of Offense (City and State) Court of Jurisdiction
4. Dates of Imprisonment: _____ to _____ Dates of Parole: _____ to _____
5. Dates of Probation: _____ to _____
6. Were you enrolled in a substance abuse program?

Name of Program Start Date Completion Date

7. Details of Incident: _____

8.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature

Date

Printed Name



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Attachment to Application For REGISTRATION AS A PSYCHOLOGIST

Attachment D • Overview of Licensure

1. YOUR RESPONSIBILITY

It is your responsibility to know the requirements for licensure set forth in statute and regulation. To accomplish this, you must review this document and other relevant documents listed in the Application for Licensure as a Psychologist. Failure to review and understand these documents may adversely affect application approval.

2. EDUCATIONAL REQUIREMENTS

A. Named Degrees — Section 2914 of the Business and Professions Code provides that individuals who possess earned doctorate degrees in (a) psychology, (b) educational psychology, (c) education with a field of specialization in counseling psychology or educational psychology from an approved or accredited educational institution that meets the educational requirements for licensure.

B. Equivalent Degrees — Section 2914 of the Business and Professions Code, coupled with Section 1386 of the California Code of Regulations, provides that individuals who possess an earned doctorate from approved or accredited educational institutions in fields *other* than those listed *above* can qualify *if* the Board finds their degrees equivalent to the named degrees.

C. Foreign Degrees — Section 2914 of the Business and Professions Code, coupled with Section 1385 of the California Code of Regulations, provides that individuals with doctorate degrees from foreign educational institutions can qualify if the degree is equivalent to an American doctorate and either a degree named in Section 2914 of the Business and Professions Code or a degree that the Board finds to meet equivalency requirements.

D. Certificate of Professional Qualification — Section 2946 of the Business and Professions Code, coupled with Section 1388.6(e) of the California Code of Regulations, provides that individuals who hold a Certificate of Professional Qualification (CPQ) issued by the Association of State and Provincial Psychology Boards shall be deemed to have met the educational requirements listed in A. (**Named Degrees**) of this section and experience requirements listed in Section 3, **SUPERVISION REQUIREMENTS**. You shall be

required to pay all current applicable fees and take and pass the portion of the oral examination that examines knowledge of California laws governing the practice of psychology. The written examination shall be waived.

3. SUPERVISION REQUIREMENTS

Section 2914 of the Business and Professions Code and Section 1387 of the California Code of Regulations require 2 years (3,000 hours) of supervised professional experience of which, at least 1,500 must be completed post-doctorally. The supervision requirements are complex. To avoid problems, you must understand them prior to starting supervision. In many instances, registration with the Board is required. **Failure to register when registration is required will result in the Board's refusal to accept your supervised experience and possible referral to the District Attorney for unlicensed practice.** Please consult your supervisor, review all appropriate documents (see Section 6) **AND** consult with Board staff to ensure that you are proceeding properly.

A. Internship — If you are enrolled in a doctoral program that includes an internship, you may function as an intern without registration. All requirements of Section 1387 of the California Code of Regulations must be met in order for your hours to count toward the licensure requirements. Please note that if you already have your doctorate and are accruing post-doctoral hours, registration is required unless you are employed by one of the entities described in B. (**Exempt Settings**).

B. Exempt Settings — If you are employed directly by an educational institution (approved or accredited), a school district, or a governmental entity (federal, state, county, municipal, etc.), or if you were functioning under a waiver issued by the State of California Department of Mental Health pursuant to Welfare & Institutions Code Section 5751.2, you are not required to register. All requirements of Section 1387 of the California Code of Regulations must be met in order for your hours to count toward the licensure requirements.

C. All Other Experience — Except as enumerated in A and B above, everyone accruing supervised professional experience in California must register with the Board prior to beginning work. This is true *even if* you hold

(Continued on reverse side)

Attachment D • Overview of Licensure

(Continued from other side)

another license that allows you to provide services independently (this is because independent practice under another license does not meet the Board's requirements, even if appropriately supervised). Experience outside California does not require registration, but must comply with all other requirements set forth in Section 1387 of the California Code of Regulations.

- D. Types of Registration** — Most individuals will be required to register as psychological assistants. However, if you already have a doctorate degree with 1,500 hours of experience **AND** plan to work for a nonprofit community agency that receives at least 25% of its funding from governmental sources (not counting Medi-Cal or Medicare), you must register for employment as a registered psychologist under Section 2909(d) of the Business and Professions Code.

4. EXAMINATIONS

Most applicants will be required to pass both a written and an oral examination.

- A. Written Exam**—The national Examination for Professional Practice in Psychology is administered each April and October. This is currently a 200-item multiple-choice exam.
- B. Oral Exam**—California administers its own oral exam each January and June. This exam focuses on the applicant's area of emphasis within psychology and on legal and ethical issues.

5. WAIVER OF THE EPPP

Pursuant to Section 1388.6 of the California Code of Regulations, the national written examination, the "Examination for Professional Practice in Psychology" (EPPP) WILL BE waived and the California "Jurisprudence and Professional Ethics Examination" WILL BE required if you are:

- A.** Licensed as a psychologist in another state, Canadian province, or U.S. Territory for at least five years, have not been subject to discipline, and have met all current California licensing requirements.
- B.** An applicant who abandoned a previous licensing application pursuant to Section 1381.5 of the California Code of Regulations and now must reapply.
- C.** Licensed in California as a psychologist and allowed your license to cancel by not renewing within three (3) years, have not been subject to discipline, and have met all current California licensing requirements.
- D.** A diplomate of the American Board of Professional Psychology and licensed in another state, Canadian

Province, or U.S. Territory, have not been subject to discipline, and have met all current California licensing requirements.

- E.** Possess a Certificate of Professional Qualification (CPQ) from the Association of State and Provincial Psychology Boards (ASPPB). For more information about CPQs, contact ASPPB at (334) 832-4580, by email at <http://www.asppb.org>, or in writing at P.O. Box 4389, Montgomery, AL 36103. Verification of your CPQ must be sent to the Board directly from ASPPB.

6. FURTHER INFORMATION

You can receive further information by visiting our website at www.dca.ca.gov/psych. You can review the Business and Professions Code and the California Code of Regulations governing the practice of psychology via our website or send \$4.00 with a written request to receive a booklet containing the laws and regulations governing the practice of psychology (updated annually).

If you wish to inquire as to the status of a previously submitted application, or if you have questions that were not answered by the general information section of our automated telephone system, you may call 916/263-2699 between 8:00 a.m. and 5:00 p.m. Monday through Friday, and dial the following extension number when you hear the greeting of the automated telephone system.

Applicants with the first letter of the last name A–G:

Richard Hodgkin, assigned analyst
Telephone: 916/263-2699, ext. 3304
Email: richard_hodgkin@dca.ca.gov

Applicants with the first letter of the last name H–M:

Annette Brown, assigned analyst
Telephone: 916/263-2699, ext. 3305
Email: annette_brown@dca.ca.gov

Applicants with the first letter of the last name N–V:

Lani Snyder, assigned analyst
Telephone: 916/263-2699, ext. 3303
Email: lavinia_snyder@dca.ca.gov

Applicants with the first letter of the last name W–Z:

Karen Johnson, assigned analyst
Telephone: 916/263-2694
Email: karen_johnson@dca.ca.gov

**BOARD OF PSYCHOLOGY**

1422 Howe Avenue, Suite 22 • Sacramento, CA 95825-3200

916/ 263-2699 • www.dca.ca.gov/psych

Attachment to Application For
REGISTRATION AS A PSYCHOLOGIST
Attachment E • Checklist

- _____ 1. All sections of the application filled out completely (Sections I–VIII).
- _____ 2. Two fingerprint cards filled out completely (front and back), if required.
- _____ 3. Official transcripts submitted directly from your educational institution.
- _____ 4. Eight typed mailing labels.
- _____ 5. Attachment A (verification of experience forms) submitted directly from your primary supervisor or training director.
- _____ 6. Attachment B (request for laws and regulations), if applicable.
- _____ 7. Attachment C (criminal conviction statement form), if applicable.
- _____ 8. Check or money order made payable to **Board of Psychology**:
 - Fingerprint cards (if required) and fee:
 - \$56.00 fee for regular processing, or
 - \$66.00 fee for expedited processing

Send application with appropriate fee and any other correspondence to:

BOARD OF PSYCHOLOGY
1422 Howe Avenue, Suite 22
Sacramento, CA 95825-3200